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Attorneys for Defendant,
BSH HOME APPLIANCES CORPORATION

IN THE UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

SOUTHERN DIVISION – SANTA ANA

SHARON COBB, BEVERLY GIBSON, TRISH ISABELLA, DIANA TAIT, NANCY WENTWORTH, individually and on behalf of all others similarly situated

Plaintiffs,

vs.

BSH HOME APPLIANCES CORPORATION, a Delaware Corporation,

Defendant.

Case No. SACV10-711-DOC (ANx)

DECLARATION OF RONALD E. GOTS, M.D., PH.D., DABT, IN OPPOSITION TO MOTION FOR CLASS CERTIFICATION

Date : SEPTEMBER 5, 2012
Time : 9:00 A.M.
Courtroom : 9D

Assigned to
U.S. District Judge: David O Carter
Courtroom 9D

Discovery Magistrate Judge: Arthur Nakazato

DECLARATION OF RONALD E. GOTS, M.D., PH.D., DABT

I, Ronald E. Gots, declare as follows

QUALIFICATIONS

1. I am a physician and toxicologist. I am board certified by the American Board of Toxicology (DABT). I received an AB degree in chemistry from the University of Pennsylvania and a medical degree (MD) from the University of Pennsylvania School of Medicine. I completed an internship at the Johns Hopkins Hospital and I completed a Fellowship year in General Surgery at the Harbor UCLA Medical Center I received my doctoral degree (PhD) in pharmacology from the University of Southern California School of Medicine. A true and correct copy of my curriculum vitae is attached as Exhibit A to this declaration. My C.V contains a list of publications that I have authored, covering the last ten years or more.

2. For over thirty years I have specialized extensively in the determination of cause and effect relationships of injuries and illnesses allegedly arising from a variety of environmental exposures including chemical, mold and bacterial exposures. I have published broadly on the subject of causation, having written a number of articles and book chapters on this topic. I have lectured to physicians, nurses, medical students, attorneys and judges on the generally-recognized method of causation assessment. I have testified in many dozens of cases in the United States. My testimony has been accepted by Federal and State Courts throughout the United States.

3. For the past fifteen years, I have been greatly involved in indoor mold and other biological agent matters, including many homes, housing developments, residential buildings, nursing homes, assisted living facilities, office buildings, hotels, and governmental facilities such as schools and courthouses. I have been involved in investigations, remediation decisions, and determinations of health risks to individuals such as workers, residents, and building occupants.

4 I have also conducted over 300 clinical evaluations including history and physical of persons who were concerned about adverse health effects due to

exposures to mold, fungi, and/or bacteria. I have seen the breadth of health complaints often associated with perceptions of such exposure. As I will discuss in greater detail below, there is a major amount of misinformation that has been presented to the public regarding the health effects of mold and bacteria.

5. I have professional experience working directly with bacteria in laboratory research and in consultations regarding bacteria, mold, and biofilms. I have published peer-reviewed papers reporting on bacteria and mold.

6. I have personal knowledge of the matters asserted herein and if called upon to testify as a witness I could competently testify thereto. My hourly rate is $490.

OVERVIEW OF WORK AND CONCLUSIONS

7 The primary work I performed in this case was to determine whether the presence of mold, bacteria, fungi, and/or biofilm in BSH front load washers presents a health and safety risk of a medically significant or substantial nature;

8. As I will explain in detail below, there is no reasonable basis to anticipate any health or safety risk associated with the BSH washers used by the four class representatives, or the BSH front load washers in general. It is plainly evident that any exposure to the type, quantity, location of any microorganisms found within the class representatives' washers do not present a health or safety risk.

THE NATURE AND PREVALENCE OF MOLD, BACTERIA & BIOFILM

A. Mold

9. The Fungal kingdom, one of the seven kingdoms of life, includes molds, yeasts and mushrooms, comprising approximately 25% of the mass of all living organisms on Earth. The general term "fungi" covers a wide range of organisms with certain features in common. There are thousands of mold genera and numerous species within each genus. There are about 72,000 currently-accepted fungal species; it is estimated that the total may be 1.5 million or more.

10. Mold is a term often used, in common parlance, synonymously with fungus. Fungi are an essential part of the ecosystem. In nature, fungi break down organic material, e.g., leaves, and dead trees, and return their basic chemical constituents to the earth to provide renewed nutrients for new growth. We use molds and yeast to make cheeses, bread, beer and numerous other foodstuffs. In addition, approximately 120 prescription medication including Penicillin and Lipitor are made from toxins produced by mold (mycotoxins).

11 Molds/fungi are ubiquitous in the environment. they exist naturally in air, soil and water. Human exposure to molds and other fungi and their spores is unavoidable in everyday life. Without intentionally sterilizing and sealing an environment, a "mold-free" indoor environment is not possible. Even in sterile hospital operating rooms, levels may be low, but they are never zero.

12. There are diverse seasonal variations and wide ranges of climactic and geographic locations which determine what kinds and what levels of mold are found outdoors. During snowbound winters, the levels are low In southern climates and in more northern climates in spring, summer and fall, outdoor levels can be quite high: far higher than ever found indoors. These seasonal and geographical changes in outdoor concentrations can influence the amount of molds detected in indoor ambient air in any given location. (Shelton, et al. 2002) The National Allergy Bureau (NAB) of the American Academy of Allergy, Asthma and Immunology regularly reports and publishes total mold counts at select locations throughout the United States. Seasonal and geographic variation can be extreme.

13 Mold can be detected at varying concentrations in indoor ambient air, in dust, or on surfaces, in all commercial and residential structures. Molds are found in particularly heavy concentrations in gardening materials such as composts and in natural environments such as woodland areas and farms. Indoor levels of mold, bacteria, and their products are impacted by the presence of such things as

carpeting, pets, houseplants, and even children.

14. The prevalence of mold in our everyday lives is made evident by looking at the homes of the class representatives. Attached hereto as Exhibit B are photos of Ms Isabella's home in upstate New York showing substantial vegetation around her home, accumulations of grass clippings in her front yard and street, and an unkempt swimming pool covered with biological growth next door. Attached hereto as Exhibit C are photos from Ms. Tait's home showing a fish tank with greenish cloudy water containing obvious biofilm adjacent to her BSH washer and vegetation surrounding her home. Attached hereto as Exhibit D are photos from Ms. Wentworth's home showing large trees and vegetation in the area of the front door to her home. All of the class representatives own pets that spend time inside their homes. All of these things are sources of mold, fungi, and endotoxins. The purpose of highlighting these photographs and testimony is to provide some context to the discussion that will follow regarding any purported adverse exposure to mold in washing machines.

15. We live in a microbiological world, therefore in order for bacteria or mold or their chemical products to supplement any health risks already present by virtue of the prevalence of these agents in everyday life, a washing machine would presumably have to expand this background exposure by nature or amount in a clinically-significant manner. Moreover, to consider washing machine owners as a class, one would have to falsely presume that this addition to their bioflora will be uniform in all homes of these washing machine owners and that the risks to those using the machines will also be uniform. To the extent that even theoretical risks may exist, those will vary profoundly from machine to machine and person to person.

16. *Aspergillus, Penicillium* and *Cladosporium* genera are commonly detected in both the indoor and outdoor air. Molds are introduced into the indoor environment through natural sources (open windows and doors) and mechanical

ventilation systems. They are also brought indoors on individuals' shoes and clothing, as well as by pets. Concentrations of molds and mold spores are always floating about in the indoor ambient air and settle in the dust because they came in from outdoors.

17. When people go outdoors, their clothing and skin encounter all sorts of airborne particulates including mold spores. Walking in the park, working in the garden, mowing the lawn, driving with the windows open, playing golf, or sitting on an outdoor patio are examples of things we do that cause mold spores, including *Aspergillus fumigatus*, not only to attach to our clothing and skin, but also to enter our bodies when breathing. Studies show that *Aspergillus fumigatus* is routinely found in outdoor and indoor air, that we all inhale many hundreds of spores of this mold each day and that the average level of this mold in the oudoor air throughout the year of one studied city (St. Louis) is about 14 spores/m3. (Latge 199, Latge 2001, Haines 1995, Mullins, 1984)

18 All homes contain mold which has been brought in from outdoors: some of it is not growing, but some of it is growing. Most homes, for example, have some mold growing between exterior and interior walls, because exterior walls and roofs are never fully water-tight. We are all familiar with mold that grows in bathrooms which we oftentimes treat with Clorox®, Tilex®, or other common mildewicides. Basements are often damp and have some mold growth, attics may be as well. In homes, the number of people and pets is a key factor in the amount of indoor mold present. So, too, is the quality and frequency of housekeeping. The presence of plants and pets all influence mold levels as do activities such as cleaning, dusting, and vacuuming. (Pieckova, et al. 1999) Carpet can hold mold spores, including *Aspergillus fumigatus*, and vacuuming the carpet with a traditional vacuum would aerosolize spores into the air (Hicks 2005) Mold is frequently encountered in homes in places such as showers, shower curtains, refrigerator door seals, ice chests, and old food such as bread, fruits,

vegetables, and cheese.

19. Therefore, the issue with mold in homes is not whether it is present: it always is. The issue is not whether there is some mold growth. there always is. Rather, the issue is whether there is an indoor source of mold growth that increases, in a medically-meaningful way, the risk of any mold-related health effects. The likelihood that releases of mold or their spores from various sites in the BSH machines would occur is minimal at best. Further, the likelihood that any such releases would increase the already-present ambient mold level is non-existent.

B. Bacteria

20. While bacteria and mold differ in certain respects in their distributions and nature, many of the comments above relating to mold are pertinent to bacteria as well. Bacteria are ubiquitous and essential for life. It has been estimated that there are 500 trillion bacteria cells in and on our bodies which is ten times the number of human cells in our bodies. We harbor millions of bacteria in our mouths, including a large number of potentially pathogenic organisms. Our skin has bacteria growing on it, including *Pseudomonas aeruginosa*. Pseudomonas is also in our dental plaque. We have trillions of bacteria in our intestinal tract which are needed for proper digestion of food, absorption of nutrients and functionality of the intestinal tract. Bacteria, including *Pseudomonas aeruginosa*, is found throughout our homes, carried by us and our pets, and are resident on many surfaces, dishtowels, kitchen sponges, sink traps, showers, air conditioner condensate pans, automobile air conditioners, humidifiers and dehumidifiers, well water and even in supplied public water

21. Bacteria can't be superficially classified as "good" or "bad" from the standpoint of assessing health risks. Nor is it scientifically or medically appropriate to simply state that the mere presence of a particular bacterium creates a health risk. Instead, one must look at (1) the type of bacteria, (2) the method of

transmission, (3) its quantity, and (4) its degree of potential harm. For example, *E-Coli* lives in our intestinal tracts where it properly belongs and serves a vital function. Feces containing *E-Coli* coming into contact with human skin may be messy but it won't create a health risk. However, if feces containing *E-Coli* were to be rubbed into an open wound, it could cause health problems. Accordingly, assessing health risks requires a closer look at the totality of the situation.

C. Biofilm

22. Biofilms can be thought of as thin sheets of microorganisms which include bacteria and sometimes mold. Biofilms exist throughout nature. For example, a clear mountain stream may have rocks that are slippery because of a biofilm surface coating. Biofilms exists in many places in homes such as fish tanks, shower heads, sink traps, showers, condensate pans, and in our mouths where it is known as "plaque." (Donlan 2002, Falkinham 2011, Feazel 2009, September 2004, Van Ingen 2010, Hall-Stoodley 2004). Although exposure to organisms from those sources is possible, the level of risk is low. Illness from them is extraordinarily rare.

GENERALLY ACCEPTED HEALTH EFFECTS OF MOLD

23. Extensive reviews and scientific analyses of the health effects documented as being associated with mold and/or mold toxin exposure have been published recently. (ACOEM 2002, Fung and Hughson 2003, Institute of Medicine 2004, Kelman, et al 2004, Kuhn and Ghannoum 2003, Lees-Haley 2003, AAAAI Position Paper 2006, World Health Organization 2009). The common thread in all of these reviews is that clinical effects associated with any mold exposure can be divided into three categories: (1) allergies, (2) generally-mild irritant effects, and (3) rare infections. I will explain each immediately below. Associations between other adverse health outcomes and mold exposure are, at present, only theories or hypotheses that have not been proven.

Allergic Effects of Mold

24. Only about 5-6% of the population is predicted to have some allergic airway symptoms from molds in their lifetime. To put that percentage into perspective, approximately 26% of the population has an allergy to one or more things. Molds are not common allergens. Common allergens are dust mites, ragweed, grasses and cats. Almost all persons who are allergic to molds test positive to other allergens as well It would be exceedingly rare to have a person who is allergic only to mold. Molds are considered mild allergens, meaning they are one of the least allergenic allergens. Allergic effects from molds are characteristically manifested as temporary stuffy nose, sneezing and watery eyes.

25 Because molds affect people primarily by producing a mild transitory allergic reaction only in susceptible individuals, and because only approximately 5-6% of the population are susceptible, the vast majority of the proposed class members would not manifest allergic responses even if mold exposure were great, which is not the case with BSH washers.

26. Paragraph 34 of Plaintiffs' Complaint contains inaccurate information. The Complaint mistakenly claims that allergic reactions to mold are "common", when in fact they occur in only approximately 5-6% of the population. The Complaint also mistakenly states "touching mold" can cause allergic reactions, when in fact there is no basis or study supporting this statement. It is simply not true. Paragraph 34 also contains false myths regarding mold causing "severe memory impairment, irritable bowel syndrome and chronic fatigue." The medical and scientific reality is that mold exposure can sometimes create an allergic response such as a stuffy nose and watery eyes to those 5-6% who have an allergy to mold, and very rarely (less than 1%), hypersensitivity pneumonitis, minor irritant effects and infections in individuals with impaired immune systems, but not unless there is sufficient exposure, which is clearly not the case in the context of the BSH washers.

Mild Irritant Effects of Mold

27 It has been claimed that irritant effects may occur when there is significant mold growth (thousands of mold spores per cubic meter of air). However, the mechanisms are unclear and remain unproven.

28 In fact, in one study, 600,000 mold spores/m^3 were introduced into a chamber into which the subjects' faces had been placed. No irritant effects were noted in this study (Meyer et al 2005)

29. If any irritant effects from indoor mold exposures actually occur, they would be expected to be mild and transient, such as irritated eyes or nose. Whether or not these occur is, however, unsettled.

Rare Infectious Effects of Mold

30. Only those persons with severely impaired immune systems, e.g., patients on immune suppressant medications, or those with immune system suppressant diseases could potentially be at risk of developing an infection from *Aspergillus fumigatus* However, such infections are rare. Persons with immune compromised systems represent a very small fraction of the population, even smaller than the small population of people who have allergies to mold. People in this small group are also likely to know of their immune-compromised condition (such as organ transplant patients or those on chemotherapy) and therefore are likely to be taking precautions in various parts of their everyday lives.

LIST OF MATERIALS

31. The following is a list of items I considered in this matter:

- Plaintiffs' Second Consolidated Amended Complaint
- Plaintiffs' entire Motion for Class Certification
- Photos of the washers and homes of Tait, Wentworth, and Isabella
- Lab Reports from Forensic Analytical Laboratories for the Tait, Wentworth, and Isabella inspections (November 2010 and May 2012)
- Lab Reports from Prestige EnviroMicrobiology for Tait, Wentworth,

Gibson/French, Isabella and Kleinman (November 2010 and April/May 2012)

- BSH washer Use and Care Manual (BSH001640-00190)
- Diagram / Parts list (BSH-004151-004157)
- NSF International Testing, Protocol, and Official Listing (4158-4183; 4427)
- Depositions of Plaintiffs Tait, Wentworth, Gibson and Isabella
- Deposition of Chin Yang, PhD with exhibits
- Deposition of Brian Clark with exhibits
- Documents produced by Springboard Engineering / Brian Clark
- Various references / studies as set forth in the attached Exhibit E

32. In addition, I have studied and physically examined BSH washers in terms of their configuration, operation, and functions. I have personally seen their component parts. I also studied the washers from the perspective of how a customer would interact with the machine during the clothes-washing process, i.e. loading, unloading, dispensing detergent, etc. I have run a complete wash cycle.

THE BSH WASHERS DO NOT CREATE A HEALTH OR SAFETY RISK

33. I have concluded that BSH washers do not present a health or safety risk to users. There are several reasons for this conclusion.

34. When assessing health risk, the first essential requirement is to assess the types and amounts of microorganisms. The types of mold and bacteria described in plaintiffs' lab reports are the same as those commonly found in homes. As discussed more fully above, *Aspergillus fumigatus* and *Pseudomonas aeruginosa* are commonly encountered in our everyday lives, both indoors and outdoors.

35 The amount of microorganisms found in the five (5) sampled washers does not present a health risk. The accumulations are not significant from a medical standpoint and do not present a health or safety risk. For example, a sewer

backup with fecal matter throughout a home poses a more significant and immediate health risk than does a small sewer pipe leak behind a wall Similarly, mold covering an entire wall in a home is, from a health standpoint, more significant than the same type of mold occupying a four inch square area in a basement. The quantity of microorganisms found in the washers varies greatly among five washers sampled by plaintiffs. Some have no accumulations, others have minimal accumulations in few areas, and still others have greater accumulations in more but different areas. These differences can be seen in the groups of photos attached hereto as Exhibit F comparing similar areas of the five sampled washers. It is my understanding these photos were taken by plaintiff's expert.

36. The amount of accumulations in any of the five washers must be placed into context. For example, some bags of potting soil or mulch that a homeowner would typically purchase from Home Depot or Lowes contain a massively greater amount of *Aspergillus fumigatus* than the comparatively tiny amount present in any washer. While the *concentration* of mold spores in a bag of mulch may be similar to the *concentration* of mold spores found in a tiny portion of Wentworth's washer, the bag of mulch is tens of thousands of times greater in *volume*, therefore the number of mold spores available for inhalation is tens of thousands of times greater when one applies the bag of mulch than when using the washing machine. As a homeowner works with the potting soil, the spores become disturbed and enter the air, landing on the homeowner's skin and clothing, and are breathed into the lungs. (Latge 1999, Latge 2001, Chetty 2003, Haines 1995, Mullins 1984, Siddiqui 2007, Knudsen 2011) That interaction with a bag of potting soil or mulch is not going to cause any reaction whatsoever in the vast majority (aprx. 94-95%) of the population. A small 5-6% segment of population who is allergic might develop a stuffy nose, but one can hardly characterize the bag of mulch as a health and safety risk. The amount of exposure someone would

encounter when using a washing machine with some level of build-up pales in comparison to the amount exposure caused by working with a bag of mulch. Although there may be variances in the quantity of accumulations in the washers, none presents a health or safety risk. Finally, there is no scientific precedent for *Aspergillus fumigatus* infections arising from exposure to any biofilms. That is simply not known to occur

37. In order to be at risk of developing Aspergillosis, a person must have an enormous exposure to *Aspergillus fumigatus*, far in excess of the tiny amount found in the one washer where it was found.

38. *Aspergillus fumigatus* was only found in one of the five washers – Ms. Wentworth's. However, the lab data from the Wentworth samples is not scientifically reliable or meaningful when assessing whether her washer created any health and safety risk when it was inside her home because the Wentworth washer sat shrink-wrapped in storage for months after being shipped from California to Iowa. The Wentworth test results in Iowa in November 2010 are not a reliable indicator of the microbial status at the time it left Ms. Wentworth's home in California in June, 2010. A conclusion to the contrary defies scientific reason because of the number of variables that would influence microbial growth during the transportation / storage period.

39. *Pseudomonas aeruginosa* is also a ubiquitous organism that exists everywhere. It's part of our dental plaque. It is found in moist environments such as soil and water. It exists on the outside surfaces of fresh fruits and vegetables (specialpathogenslab.com Fact sheet Pseudomonas). It is found in drinking water, sinks, showers, lakes, and streams. You could literally wipe pure Pseudomonas on your skin and it wouldn't cause any reaction or infection. It is not a potent pathogen. The mere fact *Pseudomonas aeruginosa* was detected by plaintiffs in two of the five washers is not of medical significance.

40. It is extremely rare to have someone come *into* a hospital with an

infection caused by *Pseudomonas aeruginosa*. Rather, infections with this organism most often occur after someone *enters* the hospital. It is known as a "nosocomial infection," meaning it is a hospital-borne infection. The infection is most commonly associated with endotracheal tubes, catheters or IVs. From a medical standpoint, it is simply not considered and infection-causing micro-organism as it is encountered in our everyday lives outside a hospital setting. It is not a biofilm-associated infection except in situations where longstanding catheters or endotracheal tubes are in place.

41. Plaintiffs' expert "detected" *Pseudomonas aeruginosa* in two washers, including Wentworth's but, as stated above, Wentworth's samples are not reliable from the scientific standpoint of assessing health and safety risk in Ms. Wentworth's home because it sat in storage for months after being shipped to Iowa. The unspecified quantity of *Pseudomonas aeruginosa* found in the Isabella washer on the back of the gasket and on/near the spinner rim are not significant in any way from a health and safety standpoint because the quantity, duration of exposure, and method of exposure pose no risk of harm.

42. There is minimal interaction between the operator and the BSH washing machine in general. An immutable principle is that without sufficient exposure, there can be no exposure-related adverse health effect. The process of washing clothes involves putting clothes in the machine, shutting the door, adding detergent, choosing the cycle, and pressing start. When the cycle ends, there is no appreciable aerosolization upon opening the washer door and removing the washed clothing because all BSH washers rinse at least twice in cold water, meaning that gallons of cold water have passed through the machine and the clothing before the cycle finishes. From a medical perspective of assessing health risks, this permits an extremely minimal level of interaction with the machine and does not create a health or safety risk.

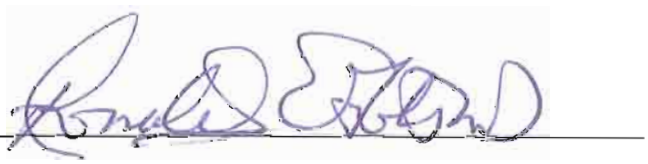
43. In addition to the near impossibility of such an occurance, I am not

aware of a single documented case of someone becoming sick from mold or bacteria from a washing machine. Due to the prevalence of washing machines in millions of homes throughout the United States, I would expect there to be substantial documentation of cases involving the dangers of washing machines if, in fact, washing machines of any model or brand containing build-up of mold and/or biofilm posed a significant health or safety risk to consumers.

SUMMARY

44. In summary, the minute accumulations of mold and bacteria found in the five sampled washers pale in comparison to mold and bacteria that we encounter in everyday life. There is no reasonable basis to anticipate any health or safety risk associated with the BSH washers used by the four named plaintiffs, or the BSH front load washers in general. It is plainly evident that any exposure to the type, quantity, and location of any microorganisms found within the class representatives' washers do not present a health or safety risk. Any mold that would develop would not lead to an exposure that would create a health and safety risk to 95-99% of the population.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that this declaration was executed on July 5, 2012, in Brooklyn, New York.



Ronald E. Gots, M.D., Ph.D., DABT

EXHIBIT A

INTERNATIONAL CENTER
FOR TOXICOLOGY AND MEDICINE

CURRICULUM VITAE

Ronald E. Gots, MD, PhD, DABT
Board Certified in Toxicology
Toxicology and Environmental Medicine

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Date of Birth: October 10, 1943
Citizenship: USA

EDUCATION:

1961 - 1964	A B (Chemistry) University of Pennsylvania Philadelphia, Pennsylvania
1964 - 1968	M.D. University of Pennsylvania School of Medicine Philadelphia, Pennsylvania
1968 - 1969	Internship (Surgery) Johns Hopkins University Hospital Baltimore, Maryland
1969 - 1970	Fellow (General Surgery) Harbor UCLA Medical Center Torrance, California
1970 - 1973	Ph.D (Pharmacology) University of Southern California School of Medicine Los Angeles, California

PROFESSIONAL EXPERIENCE:

2002 Present	Chief Executive Officer International Center for Toxicology and Medicine
2003 - 2009	Chief Scientist Building Health Sciences, Inc
1997 - 2002	Principal International Center for Toxicology and Medicine
1975 - 2009	Medical Director and President National Medical Advisory Service
1995 - 9/96	Medical Director Environmental Sensitivities Research Institute (ESRI)
1984 - 1990	Chairman and Chief Executive Officer Medical Claims Review Services
3/78 - 6/82	Vice President Emergency Medical Services, Inc
6/77 - 6/82	Vice President Quality Care Management Consultants
10/78 - 1981	Coordinator, Pharmaceutical Class Labeling Project, Food and Drug Administration
1/75 - 9/79	Medical Director and Examining Physician Occupational Health Units, Bureau of Economic Analysis, Census Bureau and Immigration and Naturalization Service, Washington, D.C.
7/75 - 12/75	Emergency and House Physician Northern Virginia Doctor's Hospital
5/75 - 10/75	Medical Officer, Occupational and Emergency Medicine, NASA
1973 - 1975	Senior Investigator/Chief, Department of Gastroenterology, Walter Reed Army Institute of Research, Washington, D C

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6/73 - 8/73	Emergency Physician Prince George's County Hospital
1970 - 1973	Emergency Medicine Physician Westminster Community Hospital Orange County, California

MEDICAL LICENSURE

Maryland
Michigan
Pennsylvania
Virginia

CERTIFICATIONS

1968	National Board of Medical Examiners
1987	Board Certified-American Board of Quality Assurance and Utilization Review Physicians Re-certification- 1993, 1996, 1999, 2001, 2003, 2005, 2007, 2009
1994 - Current	Fellow, American College of Forensic Examiners International
1996 - Current	Diplomate, American Board of Forensic Examiners
2010	Diplomate, American Board of Toxicology

PROFESSIONAL SOCIETIES

Alpha Omega Alpha (Medical Honor Society)
American Association for the Advancement of Sciences
American Board of Forensic Examiners
American Academy of Clinical Toxicology
American Federation for Clinical Research
American Medical Association
American Medical Peer Review Association
American Public Health Association
American Society of Law and Medicine
American Chemical Society
American Council on Science and Health
Fellow, American College of Forensic Examiners

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American College of Occupational and Environmental Medicine
Fellow, American College of Quality Assurance and Utilization Review Physicians
International Society of Exposure Analysis
International Society of Regulatory Toxicology and Pharmacology
National Association of Environmental Professionals
New York Academy of Sciences
Sigma Xi (Scientific Honor Society)
Society for Health and Human Values
Society of Toxicology
Society for Occupational & Environmental Health
Society for Chemical Hazard Communication

TEACHING AND SPECIAL APPOINTMENTS

University of Hawaii - Laboratory Instructor and Tutor, Microbial Genetics. 1964

Pasteur Institute Research Fellowship Paris, France. June 1965 August 1965

University of Southern California School of Medicine, Department of Pharmacology - Instructor, Pharmacology. 1970-1973

World Health Organization - Temporary Advisor, Workshop on Idiopathic Environmental Intolerances. Berlin, Germany 1996

American Petroleum Institute Participant, Workshop on Clinical Studies and Particulate Matter April 31 through May 1997.

Georgetown University School of Medicine - Lecturer (Environmental Toxicology). Department of Pharmacology, Division of Toxicology and Applied Pharmacokinetics. 1996 - Present.

Peer Reviewer *Journal of Medical Toxicology*. 2004-Present

Georgetown University School of Graduate Studies Adjunct Professor (Regulatory Toxicology) 2011-Present

University of Virginia School of Public Health – Lecturer, Department of Environmental Science 2007

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CIVILIAN AWARDS AND HONORS.

1956	Eagle Scout
1967	Alpha Omega Alpha (Medical Honor Society)
1972	Sigma Xi (Scientific Honor Society)
7/71 - 7/73	Special Postdoctoral Training Fellowship, Funded by National Institutes of Health
1973	AMA Physician Achievement Award

MILITARY ASSIGNMENTS:

7/73 - 7/74	Investigator, Department of Gastroenterology, Division of Medicine Walter Reed Army Institute of Research Walter Reed Army Medical Center Washington, D C 20012
7/74 - 7/75	Chief, Department of Gastroenterology, Division of Medicine Walter Reed Army Institute of Research Walter Reed Medical Center Washington, D C. 20012 Honorable Discharge

SELECTED APPOINTMENTS:

National Association of Manufacturers, Medical Consultant, Occupational Disease Compensation
FDA Panelist, Patient Package Insert Hearings
Medical Society of D.C , Member, Workers' Compensation Committee
U S Chamber of Commerce, Member, Workers' Compensation Committee
International Association of Industrial Accident Board Commissioners, Member, Medical Committee
Board of Scientific and Policy Advisors, American Council on Science and Health
Chairman, Scientific Advisory Board of NEDA/TIEQ (National Environmental Development Association/Total Indoor Environmental Quality)
Montgomery Medicine, Associate Editor
American Industrial Hygiene Association, Toxigenic Molds Workshop
Hippocrates' Lantern, Contributing Editor
U S Congressional Working Group Mold Legislation (2002)

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Atlantic Legal Foundation - Scientific Advisory Board
Peer Review, Journal of Clinical Toxicology

SELECTED SPEAKING ENGAGEMENTS AND VISITING PROFESSORSHIPS:

1975	Guest Faculty Member, American College of Physicians.
1980	Invited Speaker, Bendectin Hearings FDA
1978 - 1980	Developer and Presenter, Hospital Risk Management Seminars St. Paul Insurance Company.
1980	Speaker, Annual Meeting American College of Obstetrics and Gynecology
1982	Guest Faculty Speaker American College of Physicians.
1983	Speaker, Annual Meeting. National Legal Center for the Public Interest.
2/85	Visiting Lecturer, Causation and Financial Compensation for Claims of Personal Injury from Toxic Chemical Exposure. International Conference, The Institute for Health Policy Analysis, Georgetown University and the Georgetown School of Law
1985	Visiting Professor, Legal Medicine. Uniformed University of the Health Sciences
7/86	Moderator, Medical Section National Symposium on Workers' Compensation, 10th Annual Meeting, Orono, Maine
8/86	Speaker, "Medical Causation Testimony: Misleading Fact Finders" Workers' Compensation and Employer's Liability Committee, American Bar Association, New York.
1987	Speaker, Annual Meeting. IAIABC
1987	Speaker, Toxic Tort Seminar American Bar Association, Chicago, Illinois.
1987	Speaker, Forum Meeting University of Arkansas for Medical Sciences

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1987	Lecture. Delaware Occupational Medicine Association
5/88	Speaker, Toxic and Environmental Tort Litigation Committee American Bar Association, Natural Resource Section.
6/88	Speaker, "Scientific and Legal Approaches to Proof of Causation in Tort Cases." American Chemical Society, Chemistry and the Law Division, Toronto, Canada
12/88	Speaker, "Medical Cost Containment. Regulatory and Administrative Options for Containing Medical Costs" Workers Compensation Commissioners' Symposium, National Council on Compensation Insurance.
8/89	Visiting Professor, Environmental Law. Vermont Law School
11/89	Moderator, "Managed Medical Care" Workers Compensation Conference Dialogue for the Nineties. National Association of Manufacturers and Alliance of American Insurers, Baltimore, MD
12/89	Speaker, "Validity of Various Immuno-Suppression Theories & Risk Assessment Criteria in Toxic Tort Cases" Pennsylvania Bar Institute Toxic Tort Litigation Seminar, Philadelphia, PA.
12/89	Visiting Lecturer, "State of the Art in the Use of Demonstrative Evidence in Proving Causation in a Toxic Tort Trial." Trying Mass Toxic Tort Cases Demonstrations of Trial Techniques by Leading Practitioners and Jurists, American Bar Association National Institute, San Francisco, CA.
3/90	Speaker, "Utilization Review." Forum II Workers' Compensation Healthcare Cost Containment. International Workers' Compensation Foundation, Inc., New Orleans, LA.
4/90	Speaker and Panelist, Workers' Compensation Panel "Blueprint for Reform." 1990 Issues Symposium and Annual Meeting National Council of Compensation Insurance, New York, NY
5/90	Speaker, "Assessing Chemical Hazards: Separating Scientific Toxicology from Regulatory Toxicology and Workers' Perceptions" American Industrial Hygiene Conference, Orlando, FL.

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10/90	Speaker, "Chemical Hazards and Perceptions and the Role of the Industrial Hygienist" Industrial Hygiene Conference American Industrial Hygiene Association, Ocean City, MD.
11/90	Visiting Lecturer, "Causation Scientific Standards of Proof" 1990 Toxic Torts for Trial Judges. The National Judicial College, Reno, Nevada
1/91	Speaker, "Perception of Chemical Assessment" PESA Health and Safety Conference. Public Employees Safety Association of Maryland, Baltimore, MD.
1/91	Visiting Lecturer, "Toxins and Health: Science Versus Perception" The Johns Hopkins University Applied Physics Laboratory Colloquium. Johns Hopkins University, Laurel, MD
7/91	Speaker, "National Occupational Medicine Seminar" Eleventh Annual Conference. Cape Cod, Hyannis, MA
1/92	Speaker, "Dose Makes the Poison." Northern Virginia Association of Occupational Health Nurses Inc , Vienna, VA
3/92	Speaker, "Dioxin, Risk Assessment for Human Health" Talladega Medical Society, Talladega, AL
5/92	Speaker, Interdisciplinary Panel Participant, "The Physician's Role in Indoor Air Complaints" National Coalition on Indoor Air Quality, Tampa, FL.
5/92	Speaker, "Determining Whether a Toxic Exposure Caused an Illness." American College of Occupational and Environmental Medicine. Post Graduate Seminar. Washington, D.C
11/92	Conference Chair "Multiple Chemical Sensitivities. The State of The Science." Co-sponsors - NMAS and the International Society of Regulatory Toxicology and Pharmacology
3/93	Speaker, "Multiple Chemical Sensitivities The State of The Science" RISE Washington, D.C
4/93	Presenter, Chemical Labeling Executive Enterprises Washington, D.C

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4/93	Lecturer, "Disability Assessment in Occupational Disease" American College of Occupational and Environmental Medicine Annual Meeting. Atlanta, GA.
5/93	Speaker, "Multiple Chemical Sensitivities The State of The Science" CSMA Mid-year meeting Chicago, IL.
5/93	Speaker, "Multiple Chemical Sensitivities: The State of The Science" CTFA. Washington, D.C.
5/93	Speaker, "Risk Communication" American Industrial Hygiene Association. Annual Meeting New Orleans, LA.
2/94	Speaker, "Relating Physical Complaints to Indoor Air Pollution." Occupational Safety & Health Regulation Conference Washington, D C.
3/94	Speaker, "Health Effects and IAQ An Overview" Indoor Environment '94 Annual Meeting Washington, D C
6/94	Speaker, "The Policy of Risk Versus Individual Risk Key to Effective Risk Communication" 19th Annual Conference & Exposition National Association of Environmental Professionals. New Orleans, Louisiana.
9/94	Lecturer, "Risk Communication." US Army Center for Health Promotion and Preventive Medicine. Aberdeen Proving Ground, Maryland
9/94	Speaker, "Public Versus Personal Risk· The Challenge In Environmental Risk Communication" Dixy Lee Ray Memorial Symposium on Science-Based Environmental Management Temple University, Environmental Health and Safety Seattle, Washington
9/94	Moderator, "Faculty and Audience Discussion Regarding MCS," and Speaker, "Conference Summary" First Annual Aspen Environmental Medicine Conference Aspen, Colorado
10/94	Speaker, "Indoor Air and Health" 4th Annual Virginia Occupational Health Conference Virginia Occupational Medical Association. Norfolk, Virginia

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10/94	Lecturer, "Public Versus Personal Risk The Challenge in Environmental Risk Communication." Environmental Health Program, Department of Public Health Sciences, University of Alberta, University of Calgary, Canada.
10/94	Speaker, "Low Level Chemical Exposures: What Do We Know? What Can We Say?" American Industrial Hygiene Association Professional Development Conference Annapolis, Maryland
3/95	Speaker, "Toxic Tort Litigation from Environmental Exposure" 1995 Oregon Governor's Occupational Safety & Health Conference, Portland, Oregon
4/95	Speaker, "Cost Effective Management of Medical/Scientific Aspects of Toxic Tort Claims." American Corporate Counsel Association Greater New York Chapter New York, New York
5/95	Speaker, "Perceptions Addressing the Divergence Between Science and Communication" USF&G Industrial Hygienist, Kansas City, Missouri.
6/95	Speaker, "Effects of Lead Poison - What It Shows and Doesn't Show." Chartered Property Casualty Underwriters Society, Baltimore, Maryland
7/95	Speaker, "Multiple Chemical Sensitivities." "Sick Buildings." National Workers' Compensation and Occupational Medicine Seminar, Hyannis, Massachusetts.
9/95	Lecturer, "Legislative and Regulatory Activity, Regarding Multiple Chemical Sensitivities." 2nd Aspen Environmental Medicine Conference, Given Institute Aspen, Colorado
9/95	Visiting Lecturer, "Quantitative Risk Assessment and Tort Claims What the Attorney Must Know" Indiana Continuing Legal Education Forum Seminar on Toxic Tort Litigation. Indianapolis, Indiana
10/95	Speaker, "Environmentally Associated Symptoms (EAS). A New & More Appropriate Name for MCS" Chemical Specialties Manufacturers Association, Annapolis, Maryland
10/95	Conference Chair "Multiple Chemical Sensitivities: State-of-the-Science Symposium." Co-sponsors - The International Society of

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	Regulatory Toxicology and Pharmacology, The Johns Hopkins University/NIOSH Educational Resource Center in Occupational Safety & Health and National Medical Advisory Service
11/95	Speaker, MCS Facts and Fantasy" 52nd Annual Science Conference The Cosmetic, Toiletry, and Fragrance Association Lake Buena Vista, Florida
12/95	Lecturer, "Public Versus Personal Risk" Department of Design and Environmental Analysis, Cornell University, Ithaca, New York
12/95	Speaker, "The Scientific Aspects and Application of Daubert Motions in Toxic Tort Claims" The Metropolitan Corporate Counsel New York, New York.
3/96	Speaker, "Public vs Private Risks" A&WMA's Waste Combustion in Boilers & Industrial Furnaces Conference, Kansas City, Missouri.
6/96	Speaker, "Application of a New Assessment Tool to Environmental Risk Communication: Merging Health Information with Psychosocial Approaches" National Association of Environmental Professionals, Houston, Texas.
7/96	Speaker, "Multiple Chemical Sensitivity an Overview of Current Scientific and Medical Knowledge" ASTM 1996 Johnson Conference, Johnson, Vermont
8/96	Speaker, "Chemical Sensitivities/Environmental Intolerance: Evaluation, Causation and The Impact of Causation Theories on Treatment Strategies." Allergy & Asthma Associates, Santa Fe, New Mexico
9/96	State of the Art Speaker, "Illusions of Pseudoscience and Silicone Breast Implants" Aspen Environmental Medicine Conference, Aspen, Colorado.
9/96	Speaker, "Multiple Chemical Sensitivities/Idiopathic Environmental Intolerances" AIHA Chesapeake Section, Annapolis, Maryland
9/96	Speaker, "Idiopathic Environmental Intolerances - Scientific Understanding and Regulatory/Legislative Status." The Soap and Detergent Association, Chicago, IL

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10/96	Speaker, "History, Medical Diagnoses and Causation Determination." Environmental Sensitivities Research Institute Educational Seminar for Attorneys and Administrators, San Francisco, California.
10/96	Speaker, "MCS-Real or Not?" Annual Association of Structural Pest Control Regulatory Officials, Santa Fe, New Mexico
11/96	Speaker, "Proliferation of Health Allegations MCS, Allergies, Porphyria" The Carpet and Rug Institute Annual Conference, Dalton, Georgia.
1/97	Keynote Speaker, "Pesticide Health Risks. Scientific Truths & Public Perception." 1997 Delta Production Conference and AG Expo, Cleveland, Mississippi.
4/97	Speaker, "Controlled Exposure of Humans to Particulate Matter" 1997 American Petroleum Institute Meeting, Alexandria, VA.
5/97	Speaker, "Medical Issues" Lead Liability Litigation Seminar Law Journal Seminars · Press. New York, NY
6/97	Panelist, "Dialogue" on "Recent Advances in Control of Air Pollution." WorldNet Television, Voice of America Studio Washington, D C
10/97	Speaker, "Chemical Sensitivity." Leadership Texas, *Program of the Foundation for Women's Resources* Houston, TX.
11/97	Speaker, "Multiple Chemical Sensitivity" Montgomery County Public Schools.
3/98	Speaker, "Understanding Chemical Sensitivity in the Population" NE Regional Turfgrass Conference Providence, Rhode Island
3/98	Panelist, "Do Mycotoxins Cause Health Effects in Indoor Environments?" AIHA Toxigenic Molds Workshop Fairfax, VA.
6/98	Speaker, "How To Cross Examine a Scientist." DRI. San Antonio, TX
9/98	Speaker, "New Injuries in the Workplace" International Association of Industrial Accident Boards and Commissions St Louis, MO

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10/98	Speaker, "Mold Evaluation and Remediation - How Complex Should it Be?" Association of Specialists in Cleaning and Restoration, Water Loss Institute's 3rd Annual Conference & Exposition Charlotte, NC
11/98	Speaker, American College of Toxicology Annual Meeting "Multiple Chemical Sensitivities: Distinguishing Between Psychogenic and Toxicodynamic." Orlando, FL
2/99	Speaker, Mealey's Daubert and Expert Admissibility Conference "The Migration of Toxins to Surrounding Areas or People." Jacksonville, FL
9/99	Speaker, 3rd Annual Mid-Atlantic Regional Conference on Occupational Medicine. "Multiple Chemical Sensitivity." Philadelphia, PA.
9/99	Speaker, Annual Alumni Homecoming CME Seminar, Marshall University. "Environmental Risk Communication The Critical Role of the Clinician." Huntington, West Virginia
1/01	Speaker, 2nd National Sanitation Foundation (NSF) International Conference on Indoor Air Health. "Indoor Air and Health Emphasize Health; Minimize Engineering." Miami Beach, Florida
3/01	Speaker, 40th Annual Meeting of the Society for Toxicology "Odors in the Workplace: Minimizing Physical Illness; Not Satisfying Everyone." San Francisco, California.
4/01	Speaker, St. Paul Insurance Group "Indoor Air Quality: Learning from the Unexpected" Baltimore, Maryland
4/01	Speaker, International Society of Facilities Executives (ISFE) "Investigating Health Complaints in the Workplace" Kiawah Island, South Carolina.
10/01	Speaker, Property Loss Research Bureau (PLRB) Mold Symposium. "The Science of Mold and Health." Charlotte, NC
4/02	Speaker, DRI Mold Seminar "The Science of Mold and Health" Coronado, CA
5/02	Speaker, Property Loss Research Bureau (PLRB) Mold Symposium. "The Science of Mold and Health" San Antonio, TX.

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5/02	Speaker, American Forest and Paper Association (AFPA) "The Science of Mold and Health " Washington, D C
5/02	Speaker, American Agricultural Insurance Company (AAIH) "Health Risks Associated with Mold Claims " Denver, CO
6/02	Speaker, Mealey's Toxic Tort Conference "Medical and Science of Causation Assessment " Pasadena, CA.
6/02	Speaker, Riverstone Resources "Mold and Health/Managing the Process." Manchester, NH
9/02	Speaker, Lorman Education Services Conference "Health-based Mold Management " Baltimore, MD.
11/02	Speaker, Armstrong World Meeting "The Mold Crisis and Its Effects on Armstrong World Industries " Lancaster, PA.
12/02	Speaker, Mealey's Texas Mold Litigation Conference "Mold Science Versus Mold Hype " Dallas, TX.
01/03	Speaker, Mold and Indoor Environment Conference. "Mold Medicine/Mold Hype." New Jersey Institute of Technology Newark, NJ
02/03	Speaker, Mealey's California Mold Litigation Conference. "Mold Science Versus Mold Hype. Confusing Diagnosis with Causation in Mold Matters " La Jolla, CA.
02/03	Speaker, Minnesota Association of Realtors "Mold Medicine/Mold Hype and Its Impact on Realtors." St. Paul, MN.
03/03	Speaker, American Conference Institute. Fifth National Forum "Toxic Mold Litigation " New York, NY
05/03	Speaker, St Louis Mold Conference "Mold Medicine & Mold Science· Its Practical Applications for Patient Care, Remediation & Claims." St Louis, Missouri
05/03	Speaker, Peckar and Abranson and New York Construction News Seminar "Mold, Fact Versus Fiction " New York, N Y

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06/03	Speaker, "Mealey's Mold Litigation Conference." Amelia Island, Florida
09/03	Speaker, Advances in Environmental Mold Issues in West Virginia." Charleston, West Virginia.
09/03	Speaker, Toxic Tort Litigation Conference "Mealey's Practical Skill Series" Philadelphia, PA.
10/03	Speaker, Fall Meeting of ABA Seer "Mold and Daubert Session." Washington, D C
10/03	Speaker, 2003 Annual DRI Meeting. "Debunking the Myths of Mold and the Application of Effective Defense Strategies" Washington, D C
10/03	Speaker, Lorman Education Services "Advances in Environmental Mold Issues" Lexington, KY
11/03	Speaker, AIHA/ASSE Mold PDC "A healthcare perspective on the effects of mold" Tyson's Corner, VA.
08/04	Speaker, ExecuSummit Second Annual Mold and Insurance Industry ExecuSummit "Medical Oversight in Water Incursion/Mold Management" New York, NY
11/04	Speaker, Twenty Fifth Annual Meeting of the American College of Toxicology "The Great Debate Indoor Mold - Plague or Nuisance?" Palm Springs, CA.
05/05	Speaker, ACOEM's American Occupational Health Conference (AOHC). "Occupational Medicine: From Clinic to Courtroom." Washington, D C
02/06	Speaker, Lorman Education Services. "Indoor Air Quality." Telephone Conference
06/06	Speaker, Mealey's Lead Litigation Conference. "The Medical Debate over What Levels of Lead Exposure are Safe" Boston, MA.

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10/06	Speaker, Thirteenth Annual National Forum of Environmental and Toxic Tort Issues Conference "Cost Effective, Provable Science in Causation Assessment for Mass Toxic Torts" Chicago, IL.
04/07	Speaker. AALNC National Education Conference "Causation Assessment in Toxic Tort Litigation and the Critical Differences between Differential Diagnosis and the Assessment of Cause" Austin, TX.
08/07	Speaker, 10th Annual Force Health Protection Conference. "Public Health Risk versus Personal Health Risk The Key to Health Risk Communications" Louisville, KY
11/07	Speaker, SETAC North America 28th Annual Meeting "Sound Provable Science, The Key to Assessing Public versus Private Health Risk and to Developing Helpful and Ethical Health Risk Communication"
07/09	Speaker, ASTM, "Scientific and Medical Causation." Burlington, VT
03/10	Keynote Speaker, Environmental Information Association, "Environmental Issues and Health Complaints." Austin, TX
04/10	Speaker, 2010 DRI Product Liability Conference "A brief history of tort claims arising from alleged indoor exposures how the past informs the future" Las Vegas, NV
10/11	Speaker, HB Conference "Lead Toxicity." Amelia Island, FL

PROFESSIONAL PUBLICATIONS:

1 Gots, R E "Study of a super-repressed mutant of E coli B." *Undergraduate Medical Association Journal of the University of Pennsylvania* (1966)

2. Dalal, F.R., Gots, R.E. and Gots, J.S. "Mechanism of adenine inhibition in adenine-sensitive mutants of salmonella typhimurium" *J Bacteriol.* (1966) 507.

3 Gots, R E "Total parenteral alimentation in newborn puppies." *Undergraduate Medical Association Journal of the University of Pennsylvania.* (1968)

4. Wilmore, D.W. and Gots, R E. "The etiology of uric acid urolithiasis following ileostomy" *Arch Surg* 99. (1969) 421.

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5 Gots, R E. and Zuidema, G D. "Dilation of the intrahepatic biliary ducts in a patient with choledochal cysts." *Am J Surg* 119 (1970): 726

6. Benfield, J.R., Gots, R.E and Mills, D "Anomalous single left pulmonary vein mimicking a parenchymal nodule " *Chest* 59. (1971) 101

7. Gots, R.E., Gorin, F.A. and Bessman, S.P. "Kinetic enhancement of bound hexokinase activity of mitochondrial respiration " *Biochem Biophys Res Commun* 49. (1972) 1249

8. Gots, R.E. and Bessman, S P "An ultrasensitive radioassay for hexokinase." *Analyt Biochem* (1973) 272

9 Bessman, S P and Gots, R.E. "The mechanism of insulin action mitochondrial acceptor theory " *Intrasci Chem Rep* 8 (1971) 7.

10 Gots, R E *The Functional Interaction of Mitochondrial Hexokinase with Sites of Oxidative Phosphorylation* Diss University of Southern California, 1973.

11. Gots, R.E and Bessman, S.P. "Mitochondrial hexokinase: inner membrane location and acceptor function [abstract] " *Fed Proc* (1973): 477.

12 Gots, R.E , Formal, S. and Gianella, R.A. "Indomethacin inhibition of salmonella, shigella, and cholera toxin mediated rabbit ileal fluid [abstract] " *Clin Res* 7 (1973)

13. Charney, A.N., Gots, R.E. and Gianella, R.A "(NA+ -K+) stimulated adenosinetriphosphatase in isolated intestinal villus tip and crypt cells " *Biochem Biophys Acta* 367. (1974) 26.

14. Gots, R.E., Formal, S and Gianella, R.A. "Indomethacin inhibition of salmonella typhimurium, shigella flexnari and cholera mediated rabbit ileal secretion " *J Infect Dis* 130. (1974). 280

15. Charney, A.N., Gots, R.E. and Gianella, R.A. "Na-K-ATPase in isolated intestinal villus tip and crypt cells [abstract] " *Gastroenterol* (1974)

16 Gots, R.E., Formal, S and Gianella, R.A. "Salmonella mediated ileal secretion stimulation of adrenyl cyclase, inhibition by indomethacin and possible participation of prostaglandins [abstract]." *Clin Res* (1974)

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17. Charney, A N , Kinsey, M D., Meyers, L., Gianella, R.A. and Gots, R.E "Role of adrenal steroids on intestinal NA+ -K+ ATPase and sodium transport [abstract] " *Clin Res* (1975)

18 Gots, R.E "Lawyer's guide to screening medical malpractice cases." *The Retainer*. June (1975)

19 Charney, A N., Kinsey, M D., Meyers, L., Gianella, R. A. and Gots, R E "Na+ - K+ activated adenosine triphosphatase and intestinal electrolyte transport: effect of adrenal steroids." *J Clin Invest* 56. (1975). 653.

20. Gianella, R.A., Gots, R.E., Charney, A.N., Greenough, W.B. and Formal, S.B. "Pathogenesis of salmonella mediated intestinal fluid secretion activation of adenylate cyclase and inhibition by indomethacin " *Gastroenterology* 69. (1975) 1238

21 Bessman, S.P and Gots, R E "The hexokinase acceptor theory of insulin action -hormonal control of functional compartmenation." *Life Sci* 19. (1975): 1215.

22. Charney, A.N., Gots, R.E., Formal, S. and Gianella, R.A. "Activation of adenylate cyclase by shigella dysenterial enterotoxin " *Gastroenterology* 70. (1976). 1085.

23 Gots, R. E. "Which of Your Patients is Likely to Sue You?" *Medical Economics*, October 18:72, 1976

24 Gots, R E. "Don't Panic? It's not malpractice unless..." *Medical Economics*, January 24.77, 1977.

25 Gots, R.E. "How Not to Alienate the Medical Expert." *Trial*, No 4, April 1977

26. Gots, R E "How Not to Alienate the Medical Expert." *Civil Advocates Manual*, G O. Kornblum and J W Rogers, Jr., eds., University of California, (1977) 175

27. Gots, R.E. "Malpractice. Divide and conquer tactics you should know about " *Medical Economics* 25. (1978): 48.

28. Gots, R.E. "Medical Sleuthing a Must. Evaluating Injury Cases, a Sophisticated Procedure " *The Independent Adjuster*, Chicago, IL, Spring 1980.

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29. Gots, R.E. "Strategy. The medical causation defense" *For the Defense* January (1981).

30. Gots, R E. "Medical/scientific decision-making in occupational disease compensation" Prepared for the Crum and Forster Insurance Group, November (1981)

31 Gots, R.E. "Hypotheticals and the Expert Medical Witness." *Legal Aspects of Medical Practice* 10 (1982).

32. Gots, R E and Gots, B A. "Disarming the Treating Physician: A Cost-Saving Approach to Medical Claims Defense" *Best's Review* 83 64, May (1982)

33 Gots, R.E. "Fad Medical Claims in Personal Injury and Workers' Compensation" *The Independent Adjuster* (1983). 29

34 Gots, R E. "Science, medicine, and the compensation of toxic injury claims." *Public Policy Forum* National Association of Manufacturers, June (1983).

35 Gots, R.E. "Environmental fears and the treating physician" *The Upstate Physician.* (1983) 13

36. Gots, R.E. "Opinion Testimony of Treating Physicians: Combatting Advocacy, Forcing Accuracy" *For the Defense* 26. (1984) 19-24

37 Gots, R.E. "A response to H.R. 4813." Prepared for the Crum and Forster Insurance Group, March (1984)

38 Gots, R E "Auditing the Physician" *Business Insurance.* September (1985): 23

39. Gots, R.E. "Medical causation and expert testimony." *Regul Toxicol Pharmacol* 6. (1986): 95-102

40. Gots, R.E. "The science of medical causation. its application in toxic tort litigation." *For the Defense* (1986): 4.

41 Gots, R.E. "Medical causation and expert testimony" *Causation and Financial Compensation: Conference Proceedings*, February 20-21, 1985, Washington, D.C Washington, DC The Institute for Health Policy Analysis, Georgetown University Medical Center, (1986). 215-23.

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42. Gots, R E "The science of medical causation its application in toxic tort litigation" *DRI Toxic Tort Litigation* 4. (1986): 18-27

43 Gots, R E "Workers' Compensation: The Last Bastion of the Open Medical Checkbook." *IAIABC Journal*. (1987): 35-40.

44. Gots, R.E. "Medical Cost Containment in Workers Compensation: Controlling Excesses in Tests and Medical Care" *National Council on Compensation Insurance* (1987)

45. Gots, R.E. and Gleeson, J G "Understanding and Defending Claims of Increased Risk of Contracting Disease" *DRI Damages and Jury Persuasion* 6 (1987):54-69.

46. Gots, R.E "Scientific and legal approaches to proof of causation in tort cases." *The 3rd Chemical Congress of North America: The Book of Abstracts* Washington, D.C.: The American Chemical Society, (1988)

47 Gots, R E "Medical Claims Flay Casualty Insurers." *National Underwriter*, pp 86-89, September (1989)

48. Gots, R E. "Workplace Illness What We Know Versus What is Believed" *Convention Proceedings, IAIABC*, September 17-20, 1989, Baltimore, MD International Association of Industrial Accident Boards and Commissions. (1989) 226-240.

49 Gots, R.E. "Immune system dysfunction and toxic tort claims" *Toxic Tort Litigation* Harrisburg, PA. Pennsylvania Bar Institute, (1989) 88-133

50 Gots, R.E "Risk assessment in tort litigation" *Toxic Tort Litigation*. Harrisburg, PA Pennsylvania Bar Institute, (1989) 85-7

51 Gots, R.E. "Scientific truths versus legal truths in toxic tort litigation" *Trying Mass Toxic Tort Cases. Demonstrations of Trial Techniques by Leading Practitioners and Jurists*, ABA National Institute, Nov 9-10, 1989, Washington, DC and Dec. 14-15, 1989, San Francisco, CA. Chicago, IL: ABA Division for Professional Education, (1989) 187-207

52 Gots, R E "Medical surveillance in hazardous waste claims" *Hazardous Waste and Toxic Torts Law and Strategy* 5 (1989): 3-5.

53. Gots, R "Managed medical care" *Highlights of National Conference on Workers Compensation, Dialogue for the Nineties*, November 8-9, 1989,

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Baltimore, MD. Baltimore. National Association of Manufacturers and Alliance of American Insurers. (1989). 20-3

54 Gots, R E "Applying the brakes to medical casualty costs" *Best's Review* 90:10, 1990

55 Gots, R.E. "Assessing chemical hazards: separating scientific toxicology from regulatory toxicology and workers' perceptions." *Abstracts, American Industrial Hygiene Conference: Industrial Hygiene in the World of Tomorrow*. May 13-18, 1990, Orlando, Florida. American Industrial Hygiene Association and American Conference of Governmental Industrial Hygienists, 1990. p. 20.

56. Gots, R.E. "Medical monitoring following chemical exposures" *For The Defense*. November (1990) 22-26

57. Gots, R.E. "Deciphering the sick building syndrome." *Builder and Contractor* 39 (1991):38-9.

58 Gots, R.E "Proving causes of illness in environmental toxicology `sick buildings' as an example" *Fresenius Environ Bull* 1 (1992) 135

59. Gots, R.E. "Address fears, suppress chaos." *Public Risk* 6. (1992): 24-7.

60 Gots, R E "Hypothesis and practice autointoxication and MCS" *Regulatory Toxicology and Pharmacology* 18 (1993) 2-12

61. Gots, R E and Hamosh, T D "MCS A symposium on the State of the Science." *Regulatory Toxicology and Pharmacology* 18 (1993) 61-78.

62 Gots, R.E. "Risk communication a few observations from a physician/toxicologist/ communicator." *Hazardous Substances and Public Health* (1994). 6-7

63. Gots, R.E. "Public versus personal risk: the challenge in environmental risk communication." *Technology. Journal of The Franklin Institute* 331A (1994): 59-65.

64 Gots, R E. "Emphasize health to maximize problem solving." *Skylines* 20 (1995) 14-17.

65 Gots, R E "Multiple chemical sensitivities - public policy." *Journal of Toxicology - Clinical Toxicology* 33 (2), 111-113 (1995).

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66 Gots, R.E. "Multiple chemical sensitivities: distinguishing between psychogenic and toxicodynamic." *Regulatory Toxicology and Pharmacology* 24. (1996): S8-S15.

67 Gots, R.E "Multiple chemical sensitivities " *Hippocrates' Lantern* 4:3 (1997)

68. Light, E and Gots, R E "Mold revisited a rebuttal" *Cleaning & Restoration.* July (1998): 22-32

69. Gots, R E and Lees-Haley, P "Health complaints in office workers." *Hippocrates' Lantern* 5:4 (November 1998)

70 Gots, R.E "Evidence-based medicine and the independent medical examiner " *Hippocrates' Lantern* 6 2 (June 1999)

71 Gots, R.E "Forensic needs versus patient health in chemical exposure claims." [abstract] *The Forensic Examiner* 9:30(#6) (January/February 2000)

72. Gots, R.E and Pirages, S W. "Multiple chemical sensitivities: Psychogenic or Toxicodynamic origins " *International Journal of Toxicology* 18 (1999).393-400.

73. Lees-Haley, P., Williams, C.W., Gots, R.E., and Pirages, S W "The neuropsychology and toxicology of residential exposure." *Journal of Forensic Neuropsychology* 1.4 (1999): 21-43

74 Robbins, C.A , Swenson, L.J , Nealley, M.L., Gots, R.E., and Kelman, B.J. "The health effects of mycotoxins in indoor air: A critical review." *Applied Occupational and Environmental Hygiene* 15:10 (2000): 773-784.

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EXHIBIT B

Exhibit B Pg. 43

Exhibit B Pg. 44

Exhibit B Pg. 45

Exhibit B Pg. 46

EXHIBIT C

Exhibit C Pg. 48

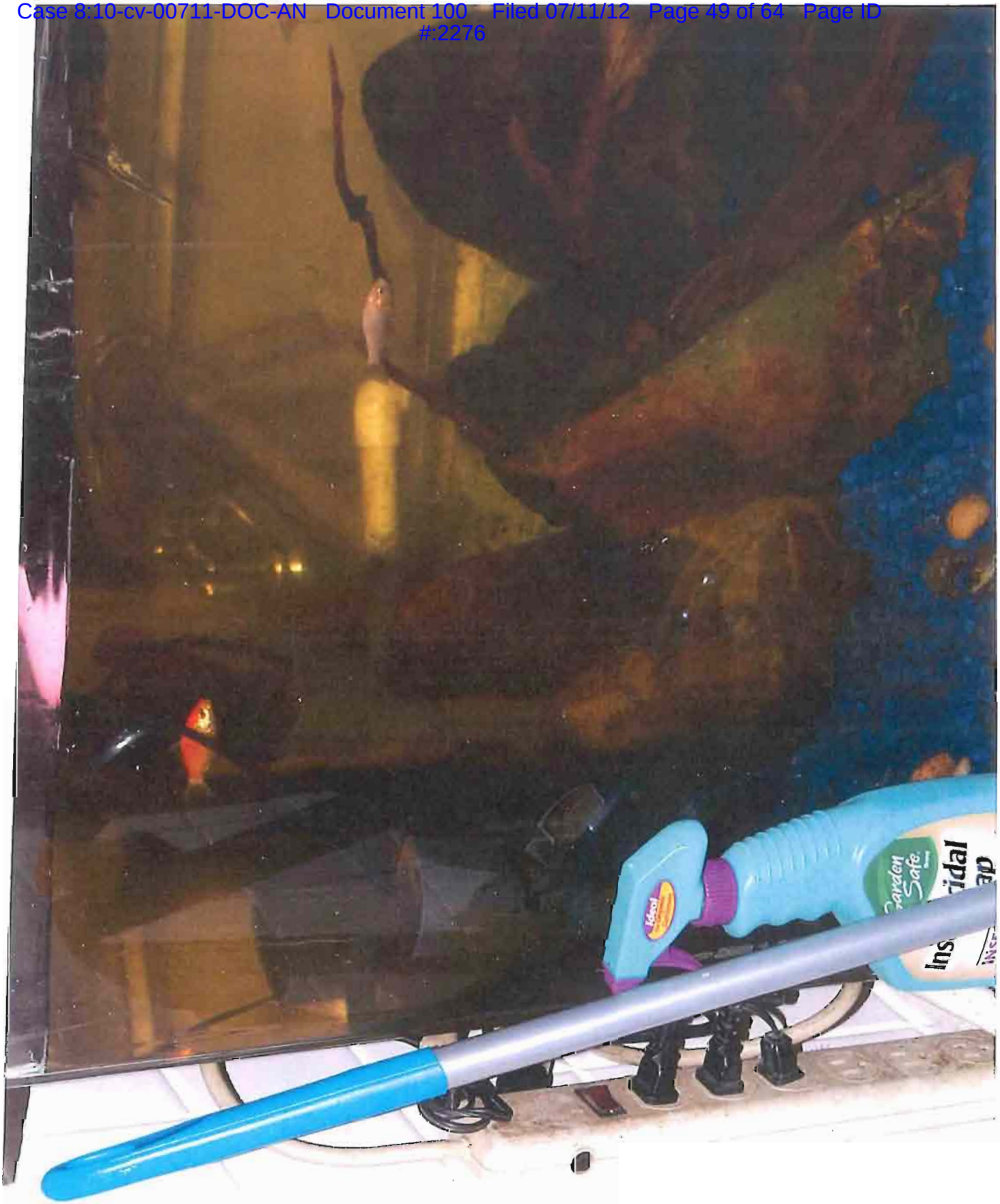

Garden Safe

Exhibit C Pg. 50

Exhibit C Pg. 51

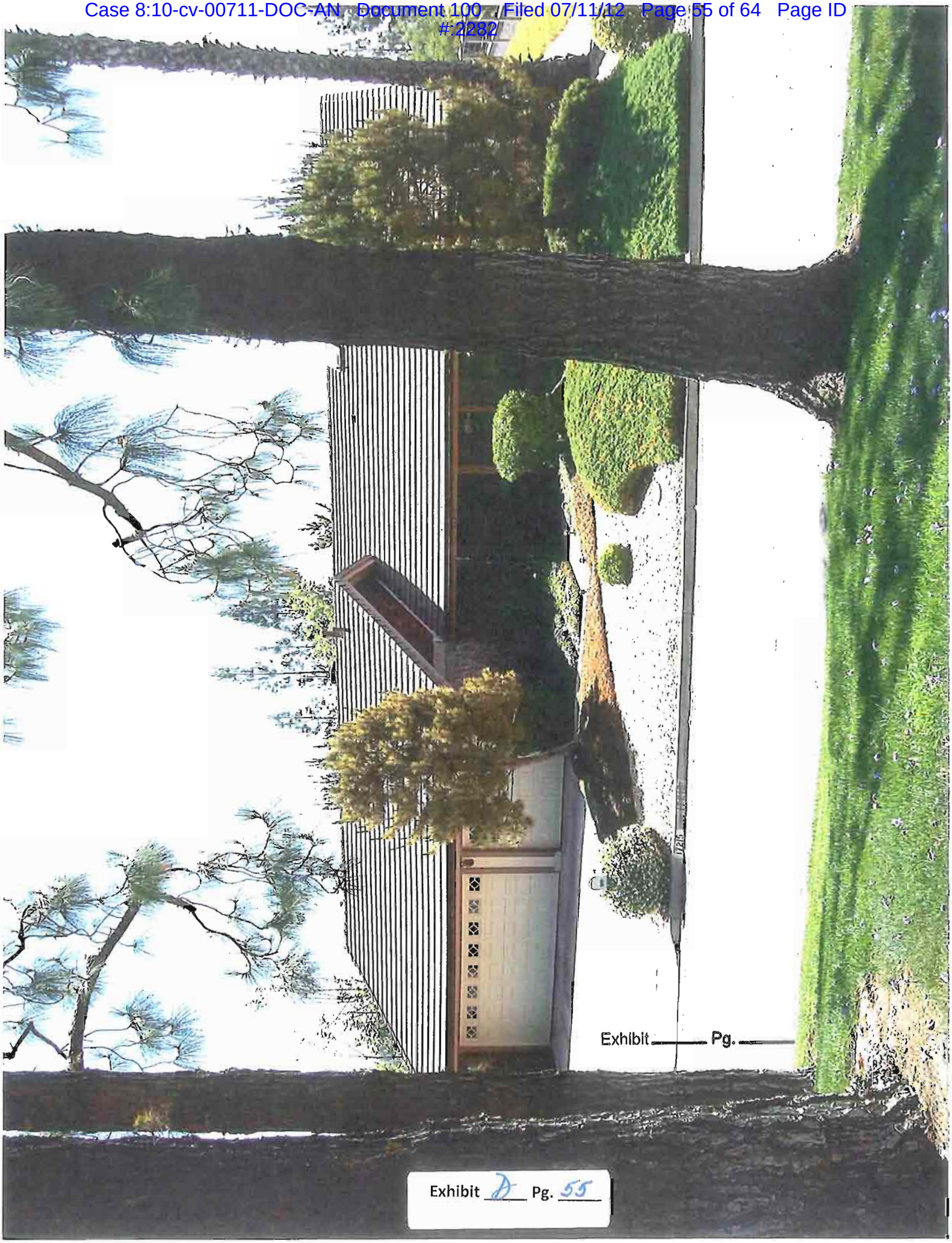
Exhibit ____ Pg.

Exhibit C Pg. 52

Exhibit ____ Pg. ____

Exhibit C Pg. 53

EXHIBIT D



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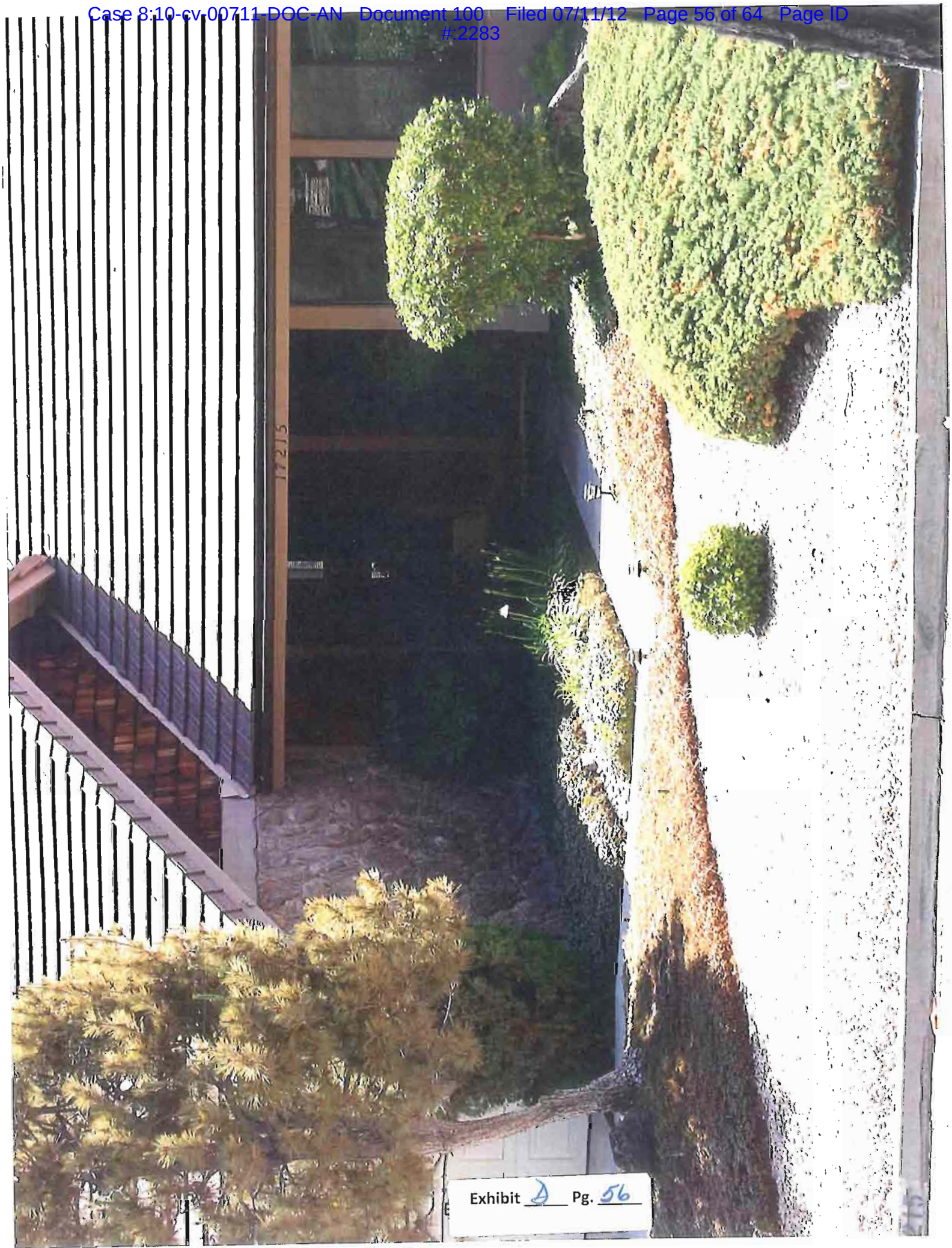

Exhibit A Pg. 56

Exhibit E

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EXHIBIT F

Gibson

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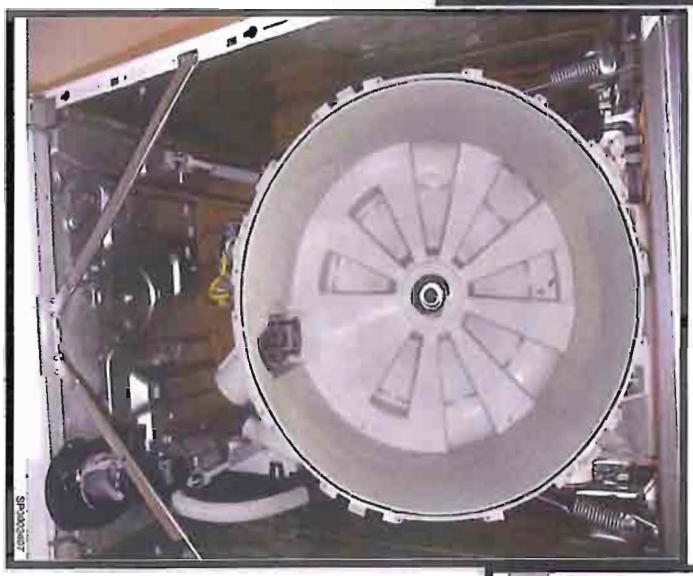
Kleinman



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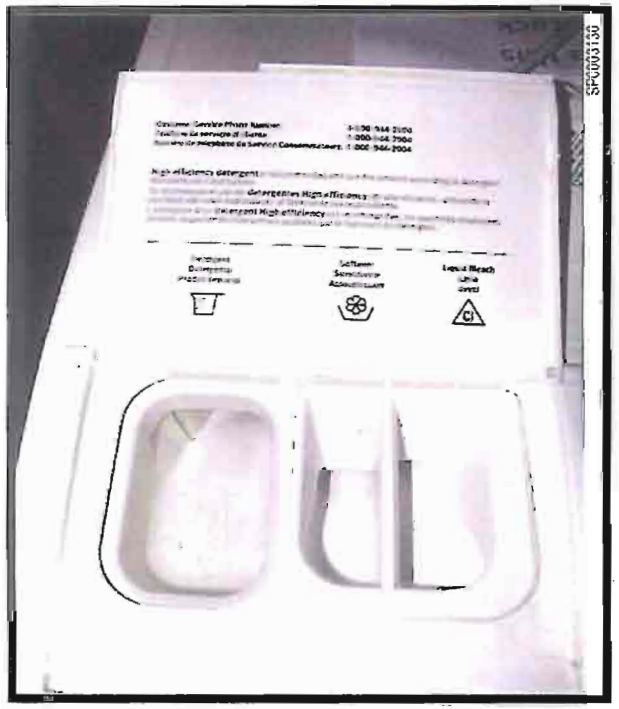
Isabella



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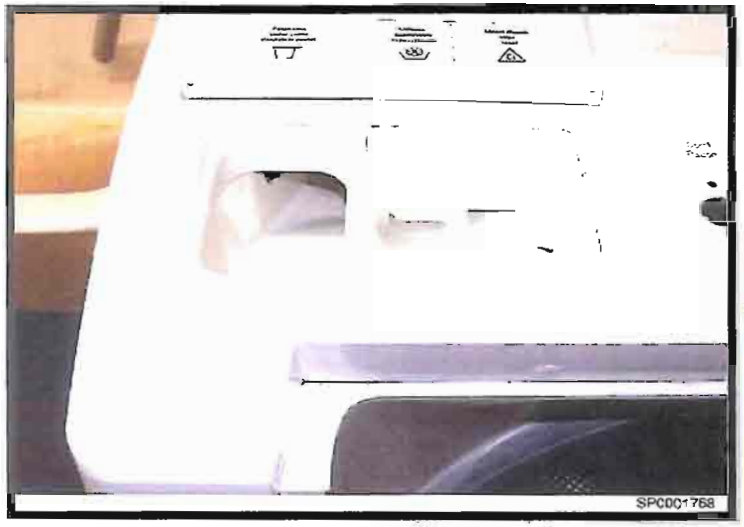

Gibson

Kleinman

Exhibit F Pg. 63

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Wentworth

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Exhibit F Pg. 64